28286	ı
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	28280
STATE OF SOUTH CAROLINA) (Caption of Case) Example: Application for a Class C Charter Certificate from	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
	DOCKET NUMBER: 2014 - 403 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Extreme Medical Transport of the Caro	Telephone: 843-774-4117
Submitted by:	843-774-4194
Address: 2538 Hwy 301 S. Suite C	Fax:
Dillons SC 29536	Other:
NOTE: The cover sheet and information contained herein neither replace	Email: jameswoods1@att.net
be filled out completely. NATURE OF ACTIO	
Application - Class A/A Restricted	Request for Name Change on Certificate Request to Amend Scope of Authority
Application - Class C Taxi Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Charter Bus	Request to Amend 1 assenger Emiliary
Application - Class C Non-Emergency	•
Application - Class C Stretcher Van	ExhibitLate-Filed Exhibit
Application - Class E Household Goods	
Application - Class E Hazardous Waste	Letter Proposed Ofder
Application	
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certification of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CL	ASS C - STRETCHER VAN	Date:	10/02/2014
Apj of S	olication is hereby made for a Certificate of Public Convenien S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments t	ce and Ne hereto.	cessity, in accordance with the provision
1. 1	Name under which business is to be conducted (corporation, partner	rship, or sol	le proprietorship, with or without trade name.)
	Extreme Medical Transport of	the Carol	inas, LLC
_	2538 Hwy 301 S, Suite C,	Dillon SC	29536
_	Street Address of A	pplicant	
_	Mailing Address of Applicant (if dif	ferent from	street address)
	843-774-4117		843-774-4194
-	843-7/4-4117 Phone		Fax
	jameswoods1@	att.net	
-	Email Addre		
2.	If the Applicant is an LLC or a corporation, a copy of the Cer Secretary of State and the Articles of Incorporation must be at Carolina Secretary of State "Foreign Corporation" Certificate	tached. (11	Existence from the South Carolina incorporated outside of SC, attach South
3.	Select Entity Type: (Check one)		
•	☐ Individual Owner/Sole Proprietorship		
	Partnership - List names and address of all person having	ng an inter	est in the business.
	Corporation - List names and addresses of two principal	officers.	

FINANCIAL STATEMENT Anderson Brothers Bank, P.O. Box 310, Mullins, SC 29574

Statement Date	10/31/13	TO THE CAPE	
Type of Credit	BUSINESS	Business/Occupation PAWN SHOP/BAIL BONDS/USED CARS	3/3/70
Name	JAMES L. WOODS	Social Security Number - Date of Birth	
	4313 SOUTHBOROUGH RD	No. of Dependents	
Address	4313 300 TABOROGOTTE	Home Phone	
City, State Zip	FLORENCE, SC 29501	Business Phone	

	440.000	Notes Payable to Banks	232,000
ash On Hand and in Banks			
ash Surrender Value of Life Insurance	6,000	Loans Against Life Insurance Policies	
tocks, Bonds, US Gov't, Other Marketable Securities		Brokers Margin Accounts	
ccounts/Notes Receivable	215,000	Accounts/Notes Payable	
Accounts/Notes Receivable From Relatives & Friends		Accounts/Notes Payable to Relatives & Friends	
Other Assets Readily Convertible to Cash-Itemize		Accounts/Notes Due to Others	
All of the second secon		Contracts Payable	
		Credit Card Balance	
		Lease Obligation	
		Taxes Accrued but Unpaid-Federal (Income)	
	661,000	Taxes Accrued but Unpaid-State (Income)	
Total Current Assets	501,000	Other Unpaid Taxes (Accrued Payroli Taxes)	
Real Estate Owned	790,000	Real Estate Mortgages Due	180,000
	135,000	Automobile Notes Due	
Automobiles		Other Personal Property Notes Due	
Other Personal Property		Other Liabilities Due Within 1 Year-Itemize	
Mortgages & Contracts Owned			
Securities Not Readily Marketable			
Accounts/Notes Receivable-Doubtful		Liens & Assessments Payable	
Other Assets-Itemize		Other Debts-Itemize	
		Otter Depta-renings	
			412,000
		Total Liabilities	1,174,000
		Net Worth (Total Assets minus Total Liabilities)	1,586,000
Total Assets	1,586,000	Total Liabilities & Net Worth	1,386,000

		Estimated Annual Expe	enses
<u>Annual Income</u>			
Salary, Bonuses & Commissions (net from Business)	93,000	Income Taxes	
Dividends & Interest		Other Taxes	
Rental & Lease Income		Insurance Premiums	_
		Mortgage Payments	
Other Income-Itemize		Rent Payments	
		Note Payments	
Alimony, Child Support or separate maintenance income need not be			
revealived if you do not wish to have it considered as a basis for repaying this obligation		Other Expenses-Itemize	
Series Control of the			
Provide the following information only if Joint Credit is selected above			
Other Persons Salary, Bonuses & Commissions	,		
Other Persons Other Income-Itemize			
Outs 1 diverse			
Alimony, Child Support or separate maintenance income need not be			
revealved if you do not wish to have it considered as a basis for repaying this			
obligation			
		- I Fundament	
Total Annual income	93,000	Total Estimated Annual Expenses Contigent Liabilit	les
General Information			
Are any Assets Pledged?	No	Guarantor on Mortgages	
Are you a Defendant in any Suits or Legal action?	No	On Lease of Contracts	
Explain		Legal Claims Federal-State Income Taxes	
Have you been declared bankrupt in the last 7 yrs.?	No		
Explain		Other	

deems appropriate, in and all items acknowledges that I/We have been	from time to to on this statem advised that r	me. DWe furnish the cent. The undersign paking false stateme	e foregoing as a true and accurate statement of sed also agrees to notify the Lender immediate ents or reports, or willfully overvaluing any land	f my/our fina y in writing o , property or	incial condition. Authorizations hereby given to the Lender to verify, in the manner if (any significant adverse change in such financial condition. The undersigned security for the purpose of influencing this credit to be extended will subject Me/US to
possible liability under the law. Date	1031	13	Signature	M	W-
Date			Signature		

Financial Statement--Itemization Schedules Anderson Brothers Bank

				All	uerson b	i Utiliera L	Jaiin				
Name:	JAN	/ES	L. WOODS						Date:		10/31/13
SCHEDULES				· · · · · · · · · · · · · · · · · · ·							
Schedule E. R	eal	Esta	ate Owned. Indicate	√ if Others I	Have Owner	ship Interes	st.	·			
Title In Name	Of	1	Description Location	Date Acquired	Original Cost	Market Value	Insurance Carried	Maturity	Payment P	lortgage Bal. Due	Payable To
JAMES L. RESIDENCE/FLOREN		RESIDENCE/FLORENCE			350,000	04.7.04				AMERICAN	
JAMES L.			COMMERCIAL/DILLON			175,000					
JAMES L.			LOTS/DILLON			15,000					
JAMES L.			7 RENTAL HOMES			250,000					
		<u> </u>		Totals		790,000				180,000	
					I	·	<u> </u>	,	'		
Schedule F. N	lorto	iage	es and Contracts Ow	ned. Indicat	ee √ if Othe	rs Have Ow	nership Into	erest.			
Contract		-3	Det					Starting	D	Maturity	Balance Due
Mortgage	1		Name	Addre	ss	Property	Covered	Date	Pymt	Maturity	Balance Due
	 	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
······································		┢									
	ــــــــــــــــــــــــــــــــــــــ	<u> </u>						<u> </u>	<u> </u>	Totals	
											<u> </u>
Schadula G	Luto	m o	bile & Other Persona	Property I	ndicatee √ i	f Others Ha	ve Ownersh	ip Interes	st.		
Scriedule G. A	· uto	IIIQI		Acqui			nt Value		Balance		
	Desc	rip	tion √	Date	Cost	Auto Other		Auto Other		Loan Payable To	
CADILLAC						40,000	ļ				
						45,000					
MERCEDES S-		DTV				50,000					
PERSONAL PR	OPE	KI I				30,000					
											
							 				
				Tatala		135,000		 			
				Totals	l	135,000	1	<u> </u>]	
				. B I.I. /				rance Cor	nnany I o	ane)	
Schedule H. /	4cco	unt	ts, Bills, and Contrac	ts Payable (I	1	Lease	Notes Due to	Accour	nts & Bill	Notes Due	Contracts
Payable	То		(If Any)	Due Date	Credit Card Balances	Obligation	Others (not banks)		able	Relatives & Friends	Payable
							INOC Dalika/		***************************************		
			<u> </u>	Totals							
				Liotais	<u> </u>	L	<u> </u>				
For the purpose of	procu	ring	credit from time to time. I/W	furnish the fore	going as a true a	nd accurate stat	ement of my/our	financial con	dition. Autho	rizations hereby	given to the Lende
to verify in the ma	nner if	dee	ms appropriate, in and all ite he undersigned acknowlegge	ns on this statem	nent. The unders	igned also agre	es to notify the L	ender immed	liately in writir	ig of any signific	ant adverse chang
the purpose of infle	Jencin Jencin	n. I Ig thi	ne undersigned acknowlegge s credit to be extended will su	ibject Me/US to p	ossible liability u	nder the law.	outcomothe of te			.g a, .ae. pro	,

Date

Signature

Signature

Financial Statement--Itemization Schedules Anderson Brothers Bank

			Anderson Br	otners Ba	ank					
Name: JA	AMES L. W	OODS				1	Date: _		10/31/13	
CHEDULES										
Sahadula A. Cas	h In Bank	s and Notes Due	To Banks (List Real Est	ate Loans in	Schedule	E / Auto Lo	ans in Se	chedule G)		
		pe of Account	Type of Ownership	On Depos		Notes Due (Bal		Type of C (Not		
ABB	DDA	BUSINESS	4 Accounts		9,000					
ABB	CD /	Business	2 Accounts		101,000					
ABB	Busi	ness Loan					152,000			
ABB		ness Loan					80,000	CI	2	
		BONDS DEPOSIT			200,000					
irst Citizens		counts			130,000					
not ottazono			Cash on Hand							
			Total	#VAL	UE!	2	32,000			
		·								
Schedule B. Life	e Insuranc	ce (List policies t	hat you own)							
Compa		Face Value of	Cash Surrender	Loans		1	Annual Bene		eficiary	
Compa		Policy	Value	Against	Policy	11011				
LIBERTY LIFE INS	SURANCE	150,000				-		,		
LIFE OF GEORGI	A	100,000	3,000			 				
-						 				
		Total	6,000			_				
Schedule C. Se	curities C	wned (Including	Stocks, Bonds and US (Sov't Securi	ties)	Value	Market	Value Not		
Description of Security	Listed	Registered in Name Of	No. Of Shares (Stock) Face Value (Bonds)	Value Per	Mark	etable rities	Readily	Marketable urities	Amount Pledged	
Or Security				Share	550					
		 								
				 						
				 						
					-					
				Total						
				L	<u> </u>					

Name of Debtor	1	Original Amount	Balance Due	Payable or Owed to You Balance Due Relatives / Friends	Balance Due Doubtful Accounts	Maturity Date	Description of Security (If Any)
VARIOUS (MID WAY)			150,000				
VARIOUS (BAIL BONDS)			65,000				
	-						
	-	Totals	215,000				

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):							
3 P	Noo Base	Rate					
\$ 1	000 Base	е					
	•						
7 15-70	of Authority: Check	all counties in which	n you are requesting pe ked below. You may r	ermission to operate.			
77 '11 lee ho	allowed to operate in all	IIIO30 Countries one		equest "Statewide"			
authority if you i		Florence	Lee	Saluda			
Abbeville	Cherokee	<u></u>	Lexington	Spartanburg			
Aiken	Chester	Georgetown	Marion	Sumter			
Allendale	Chesterfield	Greenville		Union			
Anderson	Clarendon	Greenwood	Marlboro				
Bamberg	Colleton	Hampton	McCormick	Williamsburg			
☐ Barnwell	Darlington	Horry	Newberry	York			
☐ Beaufort	Dillon	Jasper	Oconee				
Berkeley	Dorchester	Kershaw	Orangeburg	∑ Statewide			
Calhoun	Edgefield	Lancaster	Pickens				
Charleston	Fairfield	Laurens	Richland				

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
FORD	1FDSS34P59DA85799	5436	
FORD	1FDSS3EP6ADA26263	5485	
/ NA			
	and the state of t		
	FORD	FORD 1FDSS34P59DA85799	FORD 1FDSS34P59DA85799 5436

The following insurance quote is for:

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

EXTREME MEDIC	CAL TRANSPORT OF THE CARO	LINAS LLC
	Name of Applicant	
2538 HW	Y 301 S SUITE-C DILLON SC 29:	536
A STATE OF THE STA	Address of Applicant	
Amount of Pramium: Liability Insurance \$ The above quoted premium is for a term of	# 11 404, ws	•
The above quoted premium is for a term of Minimum Limits - Bodily injury and prothan the following:	operty damage limits will not be less	s Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	N A
Columbia Insur 3024 Hanny St	Name of Insurance Company	
I am familiar with the Commission's Rules meets the minimum insurance limits prescribed Carolina Department of Insurance to	and Regulations relating to insurance company making do business in South Carolina.	ce requirements and the above quote ing this quote is authorized by the
Date	Authorized Insurance Company	Representative's Signature
NOTICE: If you wish to self-insure your motor vohice Ann. Sections 56-9-60 and 58-23-910. For Vehicles at (803) 896-8457.	more information, contact Vickid C	e, you must comply with S.C. Code Coker with the Department of Motor South Carolina you may do so with

WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wee.state.sc.us/self-insurance.

the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the

Attention:

ACORD 25 (2009/01)

A	ć)PD:			N. 15 ANO!	ـ ٢	DATE (MM/DOYYYY):
7			CATE OF LIA					7/2014
DII	LLON	R Phone: (843) 774-7371 Fm: (043) 774-7 I INSURANCE AGENCY MY 301 N	7383	ONLY AND CON HOLDER. THIS	IFERS NO RIGHTS CERTIFICATE DOE	A MATTER OF INFORMATE UPON THE CERTIFICATE S NOT AMEND, EXTEND	OR	
PO DRAWER 791 DILLON SC 29536		ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				NAIC#		
		INSURERS AFFORDING COVERAGE						
INSURED WOODS, JAMES		INSURER A: Certain Underwriters at Lloyds						
		ME MEDICAL TRANSPORT OF TI	HE CAROLINAS LLC	INSURER B: National Indemnity Grp				
		WY 301 S		INSURER C:				
Di	LLON	N SC 29536		INSURER D:				
L				INSURER E:				i
C	OVE	RAGES CIES OF INSURANCE LISTED BELOW HA	- 4564 1001150 TO 715 B	SUDER NAMED ABOVE	SOR THE BOLICY P	PIOD INDICATED NOTATING	ANDING	
AN	REQ	ICIES OF INSURANCE LISTED BELOW HA UIREMENT, TERM OR CONDITION DE AN TAIN, THE INSURANCE AFFORDED BY TH AGGREGATE LIMITS SHOWN MAY HAVE	Y CONTRACT OR OTHER DO ME POLICIES DESCRIBED HE	REIN IS SUBJECT TO A	CT TO WHICH THIS I	PRIDEICATE MAY BE ISSUED	Ort.	b .
WAL	וממג	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS		
LTR	INSRC	GENERAL LIABILITY	80702BB014530d	08/07/14	08/07/15	EACH OCCURRENCE	3	1,000,000
		X COMMERCIAL GENERAL LIABILITY				PREMISES (Es occurred)	5	50,000
		X CLAIMS MADE OCCUR				MED, EXP (Any non person)	3	5,000
A	1					PERSONAL & ADV INJURY	\$	INCLUDED
l	1					GENERAL AGGREGATE	3	2,000,000
1	ļ	GEN'L AGGREGATE LIMIT APPLIES PER:			1	PRODUCTS - COMP/OF AGG	3	INCLUDED
-		AUTOMOBILE LIABILITY ANY AUTO	71APB000307	08/07/14	08/07/15	COMBINED SINGLE LIMIT (En accident)	\$	1,000,000
		ALL OWNED AUTOS X SCHEDULED AUTOS				BODILY INJURY (Per person)	5	
В		HIRED AUTOS				BODILY INJURY (Per accident)	s	
						PROPERTY DAMAGE (Par accident)	ş	, Mark
٢	1	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA AGO		
H	+-	EXCESS / UMBRELLA LIABILITY			 	EACH OCCURRENCE	\$	
1		OCCUR CLAIMS MADE				AGGREGATE	s	
1		00000					5	
1		DEDUCTIBLE					5	
l	1	RETENTION \$					\$	
Γ		RKERS COMPENSATION AND				TORY UNITS OTHER		
		PLOYERS' LIABILITY				E.L. EACH ACCIDENT	3	
1	OFFI	GERMEMBER EXCLUDED?		Ì		E.L. DISEASE-EA EMPLOYEE	\$	
L	# yes	INT PROVISIONS botow			<u></u>	E.L. DISEASE-POLICY LIMIT	3	
^	1	HER Professional	80702BB014530D	08/07/14	08/07/15	Per Claim \$1,000,000 Aggregate \$2,000,000		, 20
N 2	on-E 009 F	I RIPTION OF OPERATIONS/LOCAT mergency Transport Services ord #5799 ord #6263	TIONS/VEHICLES/EXCL	L USIONS ADDED BY	Y ENDORSEMEN	T/ SPECIAL PROVISION:	\$	
_	ERT	IFICATE HOLDER		CANCEL	LATION			
Б	epart	ment Of Health and Environment bia, SC	al Control	SHOULD AND EXPIRATION WRITTEN NO DO SO SHALL AGENTS OR I	OF THE ABOVE DE DATE THEREOF, THI DTICE TO THE CERTI	SCRIBED POLICIES BE CANCE E ISSUING INSURER WILL END FICATE HOLDER NAMED TO 1 10N OR I VARILLITY OF ANY KIND	EAVOR T	O MAII, 10 DAYS

Exhibit Fit, Willing, and Able (FWA)

Extreme Medical Transport of the Carolinas, LLC ICC No. U.S.D.O.T No. 1. Does Applicant have a Safety Rating from the U.S.D.O.T.? (Submit when received.) O Pending If Yes, indicate rating below and provide copy. Unsatisfactory Conditional Satisfactory 2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months? No O Yes 3. Are there currently any outstanding judgments against the Applicant? O Yes No If Yes, indicate nature of judgement(s) against applicant. 4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations? O No • Yes 5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

O No

therewith?
• Yes

Exhibit on Driver and Assistant Driver Qualifications

1.	Applicant has read and understands Commission Regulation 103-133(8).			
	• Yes O No			
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.				
3.	Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.	•		
4.	Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.			
	• Yes O No			
5.	Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.			
6.	Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.	y		
7.	Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.			
8.	Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.			

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature
OWNEL
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF DILLON
This 30th day of SEDYCUOCY, 2014
Desna Dis
Notary Public MY COMMISSION EXPIRES 07-06-2014

CERTIFIED TO BE A TRUE AND PRINT FORM AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic Filing Fee - \$110.00

JUN 1 9 2014

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

The name of the limited liability company (Company ending must be included in name*)				
EXTREME MEDICAL TRANSPORT OF THE C	CAROLINAS, LLC			
NOTE: The name of the limited liability co 'limited liability company" or "limited comp'LC", or "Ltd. Co."	ompany must contain <u>one</u> of to pany" or the abbreviation "L	the following ending. L.C.", "LLC", L.C		
The address of the initial designated office of the limited liability company in South Carolina is				
2538 HIGHWAY 301 S				
Sı	reet Address			
DILLON		29536		
City		Zip Code		
The initial agent for service of process is				
JAMES WOODS				
Name	Signature of Agent			
and the street address in South Carolina for this initial agent for service of process is				
2538 HIGHWAY 301 S	eet Address			
_	eet Address	29536		
DILLON		Zip Code		
City				
List the name and address of each organizer. Only one organizer is required, but you may have m than one.				
	Only one organizer is required	,		
than one.	Only one organizer is required			
than one.	Only one organizer is required	,		
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address				
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address DILLON	SC	29536		
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address				
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address DILLON City (b)	SC	29536		
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address DILLON City	SC	29536		
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address DILLON City (b)	SC	29536		
than one. (a) JAMES WOODS Name 2538 HIGHWAY 301 S Street Address DILLON City (b) Name	SC State	29536 Zip Code		

Mark Hammond

A TORNER TITELL BLOOM COLUMN CHILD THAT THE PROPERTY TO STATE TO STATE TO STATE THE FOLLOWING South Carolina Secretary of State

6/18/14 Date

Date

of Organizer

Signature of Organizer

Date of this notice: 06-17-2014

Number:

**

.

Form. SS-4

Number of this notice: CP 575 B

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS LLC
JAMES WOODS MBR
PO BOX 863
DILLON, SC 29536

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EXTR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

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Your Telephone Number () +	Best Time to Call	DATE OF THIS NOTICE: 06 EMPLOYER IDENTIFICATION	
+		FORM: SS-4	NOL _

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS LLC
JAMES WOODS MBR
PO BOX 863
DILLON, SC 29536